SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

Medicaid Eligibility Checklist

Applicant's Name _____ Date _____

Household Number _____ Member ID Number _____

Authorized Representative (if applicable) _____

Please return this checklist along with the information requested below. To determine Medicaid eligibility, the Department of Health and Human Services will need the following items (marked with a check) for the applicant, spouse, and children under age 22:

- ☐ Tax Return - IRS Form 1040, 1040-EZ or 1040-A (Most recent, both personal and business (Schedule C) if applicable. Include entire return with all pages and schedule attachments.)
- ☐ Application / Addendum : DHHS Form ☐ 3400 ☐ 3400-A ☐ 3400-B ☐ 3400-01 ☐ 3401 ☐ 2800-A
- ☐ Verification of: ☐ Citizenship ☐ Identity (Originals not required. Please send photocopies.)
- ☐ Social Security Numbers for the following person(s) requesting Medicaid:

  _____ _____

  _____ _____
- ☐ DHHS Form 1282, Authorized Representative
- ☐ Power of Attorney or Court Order for Guardianship or Conservator Papers
- ☐ _____ will need a disability determination to possibly be eligible.

  Please fill out the forms that are checked below. An application for Social Security disability may also be needed.
- ☐ DHHS Form: ☐ 3218 ME ☐ 3218-D ME ☐ 3266 ME ☐ 3266-D ☐ 921
- ☐ TEFRA (Disabled Children)
  ☐ DHHS Form 3291, In-Home Care Certification ☐ Permission to Evaluate Form (DDSN) ☐ Medical Records
- ☐ Verification you have applied for _____ benefits on the applicant's behalf.
  This will not hold up an eligibility determination, but is required.
- ☐ Breast and Cervical Cancer Program (BCCP)
  ☐ Pathologist Report ☐ DHHS Form 913-A, Application Addendum
  ☐ Progress Notes
- ☐ DHHS Form 3310, Statement of Pregnancy
- ☐ Proof of gross income received by _____

  from (date) _____ to (date) _____
  This may be a copy of an itemized check stub, award letter, printout, or statement on letterhead from the company, agency, or payor.
- ☐ All bank or other financial account statements for _____

  from (date) _____ through (date) _____
  Please send entire financial account statements, not account summaries.
- ☐ Copies of the applicant's/spouse's Trust agreements

☐ Copies of the applicant's/spouse's: ☐ Pre-need burial contract(s) ☐ Burial plot deeds

You may send other verification such as a statement on letterhead. If the contract or plot is not paid for, please send verification of the amount paid to date.

☐ Form 1766 A, Burial Exclusion

☐ Verification of Life Insurance. Provide one of the following for the applicant/spouse:

☐ Copy of all policies ☐ DHHS Form 1280ME, Verification of Insurance Value

☐ Letter from agent showing policy number, owner name, face value and current cash value

☐ Proof of amount owed on real and personal property

☐ Year, make, and model of all motor vehicles

☐ All medical insurance policies or cards and proof of premiums

☐ Annual Review form

☐ Voter Registration Form or Voter Registration Declination Form.

These are not required for Medicaid Eligibility. These are provided as a service to you.

Additional Needs for Applicants for Long-Term Care Services

☐ DHHS Form 1277, Intent to Return Home

☐ Income Trust Packet

☐ The income limit for institutional care is $ _____ for _____

The applicant's income is over this amount. To possibly qualify for Medicaid assistance for long-term care services, an income trust must be established.

☐ Please sign and return DHHS Form 905, Income Trust Agreement

☐ Verification of bank account for Income Trust

Designate or establish a bank account for income to flow through and send verification of this account.

☐ Copy of: ☐ Annuity ☐ Promissory Note for _____

☐ Please sign and return DHHS form:

☐ 943, Release of Information ☐ 1212 ME, Verification of Veterans Information

☐ 1253 ME, Request for Financial Investigation

☐ 1296 ER, Estate Recovery Notice

Comments:

Please provide this information by mail or fax by _____ .

Mail: SCDHHS - Central Mail
PO Box 100101
Columbia, SC 29202-3101

Fax: (888) 820-1204

If you have any questions, please contact the Healthy Connections Member Services Center at (888) 549-0820 (TTY (888) 842-3620). Thank you for your cooperation.

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Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCDHHS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Janet Bell, ADA and Civil Rights Official, by mail at: PO Box 8206, Columbia, SC 29202-8206; by phone at: 1-888-549-0820 (TTY: 1-888-842-3620); or by email at: civilrights@scdhhs.gov.

If you believe that SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368- 1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-888-549-0820 (TTY: 1-888-842-3620).

si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-549-0820 (TTY: 1-888-842-3620).

أذا كانت لغتك الاساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجانا.اتصل على الرقم:

888-549-0280(رقم هاتف الصم والبكم 1-888-842-3620)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-549-0820 (TTY: 1-888-842-3620).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-549-0820 (телетайп: 1-888-842-3620).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-549-0820 (TTY: 1-888-842-3620).

Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-888-549-0820 (TTY : 1-888-842-3620)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-549-0820 (TTY: 1-888-842-3620)

Falam tawng thiam tu na si le tawng let nak asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in na ko thei.

धयद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-888-549-0820 (TTY: 1-888-842- 3620) पर कॉल कर।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-549-0820 (TTY: 1-888-842-3620)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-549-0820 (ATS : 888-842-3620).

နမ့်ကတိၤ ကညီ ကျိာ်အဃိ, နမၤန့်၊ ကျိာ်အတၱ်မၤစၢၤလၢ တလာ်ဘူဉ်လၢာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 888-549-0820 (TTY: 888-842-3620)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-549-0820 (መስማት ለተሳናቸው: 1-888-842-3620).

အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် င့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 888-549-0820 (TTY: 888-842-3620) သို့ ခေါ် ဆိုပါ။